

**Missouri Public Service Commission  
P.O. Box 360  
Jefferson City, MO 65102**

**RELAY MISSOURI STATEMENT**

**For the Month Ending:** \_\_\_\_\_

**Remittance for ( Company Name ):** \_\_\_\_\_  
(Name as it appears on certificate)

**Billed Relay Surcharge:** \_\_\_\_\_

**Number of Basic Access Lines Paying Surcharge (will be treated as highly confidential):**  
\_\_\_\_\_

**LEC Retention Amount:** \_\_\_\_\_

**Net Due:** \_\_\_\_\_

**Authorized Signature and Date:** \_\_\_\_\_

\_\_\_\_\_  
(Company Address)

\_\_\_\_\_  
(Company Address)

\_\_\_\_\_  
(Contact person for questions on this report)

\_\_\_\_\_  
(Phone Number for Contact Person)

**Make checks payable to:    Missouri Director of Revenue**

**Send report and payments to:**    **Budget & Fiscal Services Department  
Missouri Public Service Commission  
P.O. Box 360  
Jefferson City, MO 65102-0360  
(573)751-4274**

**Relay Missouri Questions:**    **Walt Cecil  
Missouri Public Service Commission  
P.O. Box 360  
Jefferson City, MO 65102-0360  
(573)751-7527**